

2700 INTERNAL TRANSFER REQUEST FOR S.N.

(Staple in blue line blue strip area)

05/10

C 918,875

DATE: <u>9/10/2001</u>	FROM: <u>Ellis, P</u>	(print name)
FORWARD TO:		
A. Art Unit: <u>2184</u>	REASON(S):	
B. Class: <u>714</u>	<input type="checkbox"/>	(check box)
C Subclass:	<input type="checkbox"/>	(check box)
D. See Claim(s):	<input type="checkbox"/>	(check box)
FURTHER EXPLANATION IF NEEDED: <i>Fault tolerant data storage</i>		

DATE: _____	FROM: _____	(print name)
FORWARD TO:		
A. Art Unit: _____	REASON(S):	
B. Class: _____	<input type="checkbox"/>	(check box)
C Subclass: _____	<input type="checkbox"/>	(check box)
D. See Claim(s): _____	<input type="checkbox"/>	(check box)
FURTHER EXPLANATION IF NEEDED:		

DATE: _____	FROM: _____	(print name)												
FORWARD TO CLASSIFIER														
<table border="1"> <tr> <td>A. You had Parent</td> <td><input type="checkbox"/></td> <td>(check box)</td> </tr> <tr> <td>B. See Title</td> <td><input type="checkbox"/></td> <td>(check box)</td> </tr> <tr> <td>C. See Abstract</td> <td><input type="checkbox"/></td> <td>(check box)</td> </tr> <tr> <td>D. See Claim(s): _____</td> <td colspan="2"></td> </tr> </table>			A. You had Parent	<input type="checkbox"/>	(check box)	B. See Title	<input type="checkbox"/>	(check box)	C. See Abstract	<input type="checkbox"/>	(check box)	D. See Claim(s): _____		
A. You had Parent	<input type="checkbox"/>	(check box)												
B. See Title	<input type="checkbox"/>	(check box)												
C. See Abstract	<input type="checkbox"/>	(check box)												
D. See Claim(s): _____														
FURTHER EXPLANATION IF NEEDED:														

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____	
FORWARD TO:		
A. Art Unit: _____	REASON(S):	
B. Class: _____	<input type="checkbox"/>	(check box)
C Subclass: _____	<input type="checkbox"/>	(check box)
D. See Claim(s): _____	<input type="checkbox"/>	(check box)
FURTHER EXPLANATION IF NEEDED:		